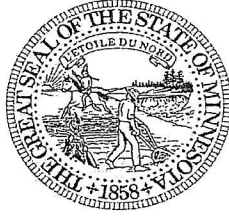## STATE OF MINNESOTA

MARK DAYTON
GOVERNOR

NOTICE OF APPOINTMENT

Daniel Naidicz

11857 44th Street Lane North
Lake Elmo, MN 55042
County of Washington
Congressional District 4

Because of the special trust and confidence I have in your integrity, judgment, and ability, I have appointed and commissioned you to have and to hold the office of:

SPECIAL EDUCATION DIRECTOR

BOARD OF SCHOOL ADMINISTRATORS

Effective: June 27, 2016
Term Expires: January 6, 2020

This appointment carries with it all rights, powers, duties, and emoluments granted by law and pertaining to this position until this appointment is superseded or annulled by me or other lawful authority or by any law of this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Minnesota to be affixed at the Veterans Service Building in the City of Saint Paul, June 23, 2016.

Governor

Secretary of State

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Reappointment

President of the Senate

STATE OF MINNESOTA
OPEN APPOINTMENTS APPLICATION FOR SERVICE ON
STATE AGENCIES, BOARDS, COUNCILS, COMMISSIONS or TASK FORCES
All information on this form is available to the public upon request.

Part I - Tell us about the Position to which you are applying
Required Information (MN Stat § 15.0597 Subd. 5.)

Agency: Board of School Administrators

Position Sought: ___member representing special education directors____

By request, this application will be made available in alternative format (for example, braille, large print, audio tape, or computer disk.)

Part II –Tell us about Yourself
Required Information (MN Stat § 15.0597 Subd. 5.)

Applicant
Name: Daniel Naidicz

Preferred Phone: _651-248-8036

E-MAIL: _____daniel.naidicz@nemetro.k12.mn.us_____

Preferred Mailing
Address: _____11857 44th Street Lane North_
(Preferred Mailing Address)

County: ____Washinhton_____

MN House of Rep Dist: 39B_

____Lake Elmo____MN___55042
(City)   (State)   (Zip)

US House of Rep Dist:_ 4

Have you ever been convicted of a felony:
Yes _____   No ___X___

Did the Appointing Authority suggest you submit your application?   Yes __X____   No _____

Please attach a cover letter, current resume, or other information that you feel would be helpful to the Appointing Authority.

Part III: OPTIONAL STATISTICAL INFORMATION
The following information is optional and voluntary *(MN Stat §15.0597 Subd. 5.)*.
Information is collected for, and compiled in, the annual report on the open appointments process pursuant to *MN Stat §15.0597 Subd. 7.*

Sex: Age: ___51___   Disability:
Female ___   Yes _____
Male __X___   No __X___

Political Party:
_____ Democratic-Farmer-Labor
_____ Independence
_____ Republican
__X__ No Party Preference
_____ Other ____

Hispanic, Latino, or Spanish origin?
_____ Yes
_____
__X___ No

Race:
(As listed on United State Census 2010)
(Pick as many as apply)
_____ American Indian or Alaska Native
_____ African American or Black
__X___ White or Caucasian
_____ Asian Pacific Islander
_____ Other Race _____
_____

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President of the Senate

Part IV: Signature and Submittal Instructions

I swear that, to the best of my knowledge, the above information is correct and that I satisfy all legally prescribed qualifications for the position sought. (*If another person or group is nominating the applicant, the applicant's signature indicates consent to nomination.)

_____Daniel Naidicz_____   4/19/2016
(Signature of Applicant)

(Date)
4/19/2016 7:28:44 AM

MAIL OR SUBMIT IN PERSON:
Office of the Secretary of State
Open Appointments
180 State Office Building
100 Rev Dr Martin Luther King Jr Blvd
St. Paul, MN 55155-1299

Questions:

Phone: (651) 556-0643
Email:
open.appointments@state.mn.us

Applicants will not receive an acknowledgement of submitted applications; the appointing authority will notify you if an interview is desired.

FOR OFFICE USE:
Sub by AA:_____
AA:_____
Trans Date:_____

Rev.09-2011

Cover Letter or Other Helpful Information:

I was appointed to the Board of School Administrators on June 30, 2015 and have represented Directors of Special Education since that time. I have completed two University reviews and I am a member of the licensing subcommittee of the board. I very much value the work of the Board and take this responsibility very seriously. It would be an honor to be reappointed to this board so I could continue to serve my fellow administrators.

Resume or Other Helpful Information: